| Missouri Department of Revenue 2004 SALES TAX RETURN | | | | 6. Gross Receipts Location B | \$ | |
|---|--|------|-----------------------|---|----|---|
| 1. Gross Receipts Location A \$ | | | | 7. Adjustments +/- Location B | \$ | |
| 2. Adjustments +/- Location A \$ | | | | 8. Taxable Sales Location B | \$ | |
| 3. Taxable Sales Location A \$ | | | | 9. Rate | | |
| 4. Rate | | | % 1 | 0. Tax Due Location B | \$ | |
| 5. Tax Due Location A \$ | | | 1 | 1. Amount Due. Add Lines 5 and 10 and enter on Line 11= | \$ | |
| MO TAX I.D. NUMBER: | | | 1 | 2. Timely Payment 2% | \$ | |
| TAX PERIOD: | | | | 3. Interest for Late Payment + | | |
| PRIMARY BUSINESS NAME: | | | 1 | 4. Additions to Tax + | \$ | |
| LOCATION A: | | | 1 | 5. Approved Credit | \$ | |
| LOCATION B: | | | 1 | 6. Pay This Amount (U.S. Funds Only) = | \$ | |
| SIGNATURE | | DATE | DOR-4814 (11-2003) | DOR USE ONLY * | | |
| I have direct control, supervision, or responsibility for filling this return and payment of the tax due. Under penal- ties of periury. I declare that this is a true, accurate, and complete return. I attest that I have no gross receipts | | | | DOR USE ONLY* | | • |